

## UNITED STATES DISTRICT COURT DISTRICT OF DELAWARE

DISTRICT OF DELAWARE							
	WI	CLIAM A. NEWSOM					
		Plaintiff	<b>APPLICATION</b>	TO PROCEED			
		V.	WITHOUT PRE				
	4						
	ALL	(16) LISTED DEFENDANTS ON	FEES AND A	AFFIDAVII			
		Defendant(s) Complaint	CASE NUMBER:	05-673-			
I,	WI	WIAM A. NEWSOM	declare that I am the (cl	neck appropriate box)			
• •		oner/Plaintiff Movant • • Other		FILED			
28 US	C §191	entitled proceeding; that in support of my reques 5, I declare that I am unable to pay the costs o complaint/petition/motion.	t to proceed without prepay f these proceedings and tha	I am entitled to the relief SEP 1 5 2005			
In sup	In support of this application, I answer the following questions under penalty of perjury:  U.S. DISTRICT COURT DISTRICT OF DELAWARE						
1.	Are you currently incarcerated?   No (If "No" go to Question 2)						
	If "YES" state the place of your incarceration DECAWARE CORRECTIONAL CENTER						
	Inmate Identification Number (Required): 5.8.1.# 257317						
	Are you employed at the institution? No you receive any payment from the institution?						
	Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions						
2.	Are you currently employed? • Yes						
a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.							
	b.	If the answer is "NO" state the date of your last salary or wages and pay period and the name	ast employment, the amoun and address of your last en	t of your take-home  nployer. JANUARY 13, Z003  B 7 HR. DOLLAR GENERAL  wing sources? SMYRNA, DE.			
3.	In the past 12 twelve months have you received any money from any of the following sources?  SMYRNA, DE.						
	a.	Business, profession or other self-employmen	ıt •• Yes	· No			
	b.	Rent payments, interest or dividends	• • Yes	(No			
	c.	Pensions, annuities or life insurance payment	s •• Yes	MO			
	d.	Disability or workers compensation payments		C. No			
	e.	Gifts or inheritances	• • Yes	CNo.			
	f.	Any other sources	• • Yes	( No			

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03) DELAWARE (Rev. 4/05)

4.	Do you have any cash or checking or savings accounts?		•No
	If "Yes" state the total amount \$		

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

SEPTEMBER 2, 2005 Milliam a. Mouren SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.